

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

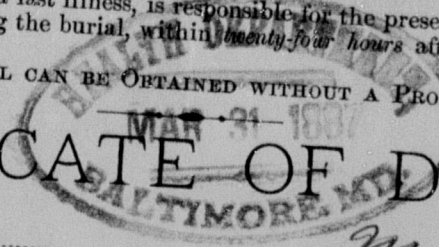
Permit No. 98942 Office of Registrar of Vital Statistics.

Ward 3^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, _____

March 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frances Rollings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, _____

Months, _____

Days, _____

Color, _____

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give Street and Number. }

No 22 S Bond St

Cause of Death, { First (Primary), Second (Immediate), }

Consumption

Duration of Last Sickness, _____

Long time last 4 or 5 years gradually weakening away

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2^d 1887

Undertaker, Fred Guerdle

J Ridgway Andre M. D.

Medical Attendant.

Place of Business, 108 S. Caroline St

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, MD 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98943 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 30. 87

Full Name of Deceased, Fulk, A. Anna
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, White Years, 1 Months, 1 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, Single
{ Cross out the words not required in this line. }

Occupation, Balto. City

Birth Place, Balto. City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 406. Bayson St.
{ Give Street and Number. }

Cause of Death, suicide
{ First (Primary), Second (Immediate), }
suicide
1 day.

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April - 1

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto Address, 1803, N. Russell

J. R. Wilson M. D.
Medical Attendant.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98944 Office of Registrar DEPT. OF HEALTH Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augusta Schlueter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sewing Girl

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give Street and Number. } 215 Madison St

Cause of Death, { First (Primary), Second (Immediate), } Eminent
Puerperal Convulsion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 1, 1887

Undertaker, Chas. J. Scriver L. W. Scupper M. D.

Place of Business, 925 Madison St Address, Charles Scriver St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98945 Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is requested to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 31, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Reed.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 67 Years, _____ Months, _____ Days.

Color, whit

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York.

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, { Give Street and Number. } 746 N. Eutan.

Cause of Death, { First (Primary), Second (Immediate), } Bright disease of the lungs
Paralysis of left side

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 2^d, 1887 B Lane Tanyhu M. D.

Undertaker, Wm Weaver Medical Attendant.

Place of Business, # 738 N. Eutan. Address, 922 Madis Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98946*

Office of Registrar of Vital Statistics.

Ward *17th*

The Physician who attended any person in a last illness, or who has the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mich 31st 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah Kearns.*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *16* Years, Months, *28* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *✓*

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balt. city*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give Street and Number. } *441 Ostend St.*

Cause of Death, { First (Primary), Second (Immediate), } *Endocarditis, Pneumonia*

Duration of Last Sickness, *10 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *April 3rd 1888*

Undertaker, *C. F. Krause & Son*

Medical Attendant.

Place of Business, *703 Hanover* Address, *152 Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98947 Office of Registrar and Statistics. Ward 12

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 31 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lama V. Collars.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 1 Months, 5 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1001 Penna Ave

Cause of Death, { First (Primary), Second (Immediate), } Manitien

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Louder Park

Date of Burial, April 1.

{ Undertaker, Walter Immel }

{ Place of Business, 594 W. Biddee } Address, 639 Franklin

J. Meller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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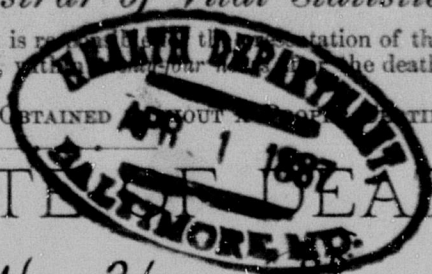
Health Department, City of Baltimore.

Permit No. 98948 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is requested to fill out this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four days of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.



B

Date of Death, March 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Immeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, — Months, 2 Days

Color, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 615 S Paca St

Cause of Death, {First (Primary), Premature birth
Second (Immediate), inamini}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Louder Park Cem.

Date of Burial, April 1st 1887

{Undertaker, Th. J. Webb & son Medical Attendant, William Webb M. D.

{Place of Business, 746 Columbia Address, 949 Madison ave}

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[OVER.]

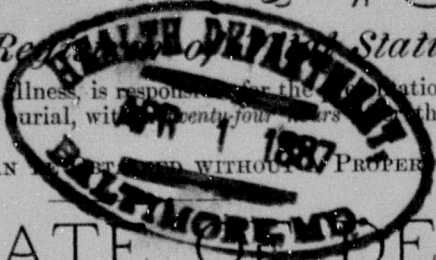
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Health Department, City of Baltimore.

Permit No. 98949 Office of Registrar of Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 31 st 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. B. Welch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Fired dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ind.

Duration of Residence in the City of Baltimore, most of life

Place of Death, {Give Street and Number.} 273. Milton Place

Cause of Death, {First (Primary), Consumption
Second (Immediate), Exhaustion}

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 2nd 1887

Undertaker, Derry & Mitchell W. F. Hill M. D. Medical Attendant.

Place of Business, 350 W. Fayette Address, 1001 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98957 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Fred. Walz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 Years, _____ Months, _____ Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Student

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 1520 E. Madison St.

Cause of Death, { First, (Primary,) Acute Phthisis
Second, (Immediate,) Asthma }

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3rd

{ Undertaker, E. O. Schilling } H. T. Remond M. D.,
Medical Attendant.

{ Place of Business, Island Square } Address, 722 Argus St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98951

Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Susan Guy
Susan Guy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Manassas, Accomac Co. Va

Duration of Residence in the City of Baltimore, 15-4-21

Place of Death, { Give street and number. }

807 Peach Alley
Cancer of Breast
Exhaustion

Cause of death, { First, (Primary,) _____ Second, (Immediate,) _____ }

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Co. Cemetery

Date of Burial, April 1st 1887

Undertaker, Paul W. Chase

Place of Business, 44 S. Howard St

Henry J. Smith M. D.,
Medical Attendant.

Address, Green St. near Franklin

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[OVER.]